

BUREAU OF STATISTICS AND PLANS

(Bureau of Planning)

Government of Guam



Felix P. Camacho
Governor of Guam

Michael W. Cruz, M.D.
Lieutenant Governor

P.O. Box 2950 Hagåtña, Guam 96932
Tel: (671) 472-4201/3
Fax: (671) 477-1812

Alberto "Tony" Lamorena V
Director

The Honorable Judith T. Won Pat
Speaker
I Mina'Benti Nuebi na Liheslaturan Guahan
155 Hesler Street
Hagatna, Guam 96910

APR 29 2008

RE: Submission of FY 2008 2nd Quarter Funding/Expenditure Report

Dear Speaker Won Pat:

Pursuant to Chapter VII, Section 2 – Reporting Requirements, of Public Law 29-19, we are hereby submitting our *FY 2008 2nd Quarter Funding/Expenditure Report*.

Attached, please find the following reports:

1. FY 2008 Budget and Expenditure Report as of 03/31/08 (Local appropriation)
2. Current staffing patterns (Local and Federal Funds)
3. Financial Status Reports for the period covering 1/1/08 to 3/31/08, for federal grants the Bureau administers, and which the corresponding grantor requires the submittal of a Quarterly Financial Status report.
4. Financial Status Reports for the period covering 10/01/07 to 03/31/08, for federal grants the Bureau administers, and which the corresponding grantor requires the submittal of a Semi-Annual Financial Status report.

If you have any questions or comments regarding this matter or require additional information, please do not hesitate to contact our office at 472-4201/2/3 or by fax at 477-1812.

Sincerely,

A handwritten signature in black ink, appearing to read "ALBERTO A. LAMORENA V".

ALBERTO A. LAMORENA V
Director

Enclosures

Cc: Director, Bureau of Budget and Management Research
Public Auditor, Office of the Public Auditor

**FISCAL YEAR 2008
DEPARTMENTAL SUMMARY
As of: March 31, 2008**

Department: **BUREAU OF STATISTICS AND PLANS**
Division: **SUMMARY**
Account No.:

A	B	C	D	E	F	G	H	I	J	K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2008 Allotments (B - C)	Year to Date Exp./Encumb. As of:	Pay Period LABOR	Pay Period LABOR	Avg PP Requirement (F+G)/2	Personnel Projected PP remaining x column H	Requirements	(C + D - E - I - J) Projected Lapse/ Shortfall
111 Salary	812,938.00	410,200.00	402,738.00	366,112.12	28,717.60	28,717.60	28,717.60	407,789.92	0.00	39,035.96
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113 Benefits	252,328.00	122,534.00	129,794.00	105,362.85	8,313.21	8,313.21	8,313.21	118,047.58	0.00	28,917.57
TOTAL PersVs	1,065,266.00	532,734.00	532,532.00	471,474.97	37,030.81	37,030.81	37,030.81	525,837.50	0.00	67,953.53
220 Travel	0.00	0.00	0.00	0.00					0.00	0.00
230 Contract	10,956.00	5,660.00	5,296.00	0.00					10,956.00	0.00
233 Rent	15,000.00	0.00	15,000.00	15,000.00					0.00	0.00
240 Supplies	5,000.00	5,000.00	0.00	0.00					5,000.00	0.00
250 Equip.	0.00	0.00	0.00	0.00					0.00	0.00
280 Sub. Rec.	0.00	0.00	0.00	0.00					0.00	0.00
271 Drug-test	0.00	0.00	0.00	0.00					0.00	0.00
361 Power	4,000.00	2,000.00	2,000.00	2,000.00					2,000.00	0.00
362 Water	0.00	0.00	0.00	0.00					0.00	0.00
363 Tele.	7,400.00	1,400.00	6,000.00	6,000.00					1,400.00	0.00
450 Cap. Out.	0.00	0.00	0.00	0.00					0.00	0.00
TOTAL Ops	42,356.00	14,060.00	28,296.00	23,000.00					19,356.00	0.00
TOTALS	1,107,622.00	546,794.00	560,828.00	494,474.97	37,030.81	37,030.81	37,030.81	525,837.50	19,356.00	67,953.53

BUDGET NOTES:

**FISCAL YEAR 2008
PROJECTED REQUIREMENTS
As of: March 31, 2008**

Department: BUREAU OF STATISTICS AND PLANS
Division: ADMINISTRATION
Account No.: 5100A080900GA001

A	B	C	D	E	F	G	H	I	J	K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2008 Allotments (B+C)	Year to Date Exp./Encumb. As of:	Pay Period LABOR	Pay Period LABOR	Avg PP Requirement (F*G)/2	Personnel Projected PP remaining x column H	Requirements	(C+D+E-I-J) Projected Lapse/Shortfall
111 Salary	267,414.00	128,707.00	128,707.00	118,484.61	3,654.40	3,654.40	3,654.40	122,892.48	0.00	16,036.91
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113 Benefits	80,121.00	39,125.00	40,996.00	32,429.86	2,365.89	2,365.89	2,365.89	33,595.64	0.00	14,095.50
TOTAL PersSvs	337,535.00	167,832.00	169,703.00	150,914.47	11,020.29	11,020.29	11,020.29	156,488.12	0.00	30,132.41
220 Travel	0.00	0.00	0.00	0.00					0.00	0.00
230 Contract	10,956.00	5,660.00	5,296.00	0.00					10,956.00	0.00
233 Rent	15,000.00	0.00	15,000.00	15,000.00					0.00	0.00
240 Supplies	5,000.00	5,000.00	0.00	0.00					5,000.00	0.00
250 Equip.	0.00	0.00	0.00	0.00					0.00	0.00
280 Sub Rec.	0.00	0.00	0.00	0.00					0.00	0.00
271 Drug Test.	0.00	0.00	0.00	0.00					0.00	0.00
361 Power	4,000.00	2,000.00	2,000.00	2,000.00					2,000.00	0.00
362 Water	0.00	0.00	0.00	0.00					0.00	0.00
363 Tele.	7,400.00	1,400.00	6,000.00	6,000.00					1,400.00	0.00
450 Cap. Out.	0.00	0.00	0.00	0.00					0.00	0.00
TOTAL Opers	42,356.00	14,060.00	28,296.00	23,000.00					19,356.00	0.00
TOTALS	379,891.00	181,892.00	197,999.00	173,914.47	11,020.29	11,020.29	11,020.29	156,488.12	19,356.00	30,132.41

**FISCAL YEAR 2008
PROJECTED REQUIREMENTS
As of: March 31, 2008**

Department: BUREAU OF STATISTICS AND PLANS
Division: PLANNING INFORMATION PROGRAM
Account No.: 5100A080910SE004

A	B	C	D	E	F	G	H	I	J	K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2008 Allotments (B+C)	Year to Date Exp./Encumb. As of:	Pay Period LABOR	Pay Period LABOR	Avg PP Requirement (F+G)/2	Personnel Projected PP remaining x column H	Requirements	(C+D+E-I-J) Projected Lapse/Shortfall
111 Salary	188,764.00	96,633.00	92,131.00	83,565.11	7,067.20	7,067.20	7,067.20	100,364.24	0.00	4,844.65
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113 Benefits	54,376.00	26,120.00	28,256.00	24,328.22	2,081.36	2,081.36	2,081.36	29,555.31	0.00	492.47
TOTAL PersVs	243,140.00	122,753.00	120,387.00	107,893.33	9,148.56	9,148.56	9,148.56	129,909.55	0.00	5,337.12
220 Travel	0.00	0.00	0.00	0.00					0.00	0.00
230 Contract	0.00	0.00	0.00	0.00					0.00	0.00
233 Rent	0.00	0.00	0.00	0.00					0.00	0.00
240 Supplies	0.00	0.00	0.00	0.00					0.00	0.00
250 Equip.	0.00	0.00	0.00	0.00					0.00	0.00
280 Sub. Rec.	0.00	0.00	0.00	0.00					0.00	0.00
271 Drug-test.	0.00	0.00	0.00	0.00					0.00	0.00
361 Power	0.00	0.00	0.00	0.00					0.00	0.00
362 Water	0.00	0.00	0.00	0.00					0.00	0.00
363 Tele.	0.00	0.00	0.00	0.00					0.00	0.00
450 Cap. Out.	0.00	0.00	0.00	0.00					0.00	0.00
TOTAL Opers	0.00	0.00	0.00	0.00					0.00	0.00
TOTALS	243,140.00	122,753.00	120,387.00	107,893.33	9,148.56	9,148.56	9,148.56	129,909.55	0.00	5,337.12

**FISCAL YEAR 2008
PROJECTED REQUIREMENTS
As of: March 31, 2008**

Department: BUREAU OF STATISTICS AND PLANS
Division: SOCIO-ECONOMIC PLANNING PROGRAM
Account No.: 5100A080920SE005

A	B	C	D	E	F	G	H	I	J	K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2008 Allotments (B - C)	Year to Date Exp./Encumb. As of:	Pay Period LABOR	Pay Period LABOR	Avg PP Requirement (F+G)/2	Personnel Projected PP remaining x column H	Requirements	(C + D - E - I - J) Projected Lapse/ Shortfall
111 Salary	105,796.00	54,277.00	51,519.00	47,556.40	3,963.20	3,963.20	3,963.20	56,277.44	0.00	1,960.16
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113 Benefits	26,141.00	11,444.00	14,697.00	11,927.04	993.92	993.92	993.92	14,113.66	0.00	100.30
TOTAL Persvs	131,937.00	65,721.00	66,216.00	59,485.44	4,957.12	4,957.12	4,957.12	70,391.10	0.00	2,060.46
220 Travel	0.00	0.00	0.00	0.00					0.00	0.00
230 Contract	0.00	0.00	0.00	0.00					0.00	0.00
233 Rent	0.00	0.00	0.00	0.00					0.00	0.00
240 Supplies	0.00	0.00	0.00	0.00					0.00	0.00
250 Equip.	0.00	0.00	0.00	0.00					0.00	0.00
280 Sub Rec.	0.00	0.00	0.00	0.00					0.00	0.00
271 Drug-test.	0.00	0.00	0.00	0.00					0.00	0.00
361 Power	0.00	0.00	0.00	0.00					0.00	0.00
362 Water	0.00	0.00	0.00	0.00					0.00	0.00
363 Tele.	0.00	0.00	0.00	0.00					0.00	0.00
450 Cap. Out.	0.00	0.00	0.00	0.00					0.00	0.00
TOTAL Opers	0.00	0.00	0.00	0.00					0.00	0.00
TOTALS	131,937.00	65,721.00	66,216.00	59,485.44	4,957.12	4,957.12	4,957.12	70,391.10	0.00	2,060.46

**FISCAL YEAR 2008
PROJECTED REQUIREMENTS
As of: March 31, 2008**

Department: **BUREAU OF STATISTICS AND PLANS**
Division: **CHIEF ECONOMIST OFFICE**
Account No.: **5100A080904GA001**

A	B	C	D	E	F	G	H	I	J	K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2008 Allotments (B + C)	Year to Date Exp./Encumb. As of:	Pay Period LABOR	Pay Period LABOR	Avg PP Requirement (F+G)/2	Personnel Projected PP remaining x column H	Requirements	(C + D + E - I - J) Projected Lapse/ Shortfall
111 Salary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113 Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL PersSvs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
220 Travel	0.00	0.00	0.00	0.00					0.00	0.00
230 Contract	0.00	0.00	0.00	0.00					0.00	0.00
233 Rent	0.00	0.00	0.00	0.00					0.00	0.00
240 Supplies	0.00	0.00	0.00	0.00					0.00	0.00
250 Equip.	0.00	0.00	0.00	0.00					0.00	0.00
280 Sub Rec.	0.00	0.00	0.00	0.00					0.00	0.00
271 Drug Test.	0.00	0.00	0.00	0.00					0.00	0.00
361 Power	0.00	0.00	0.00	0.00					0.00	0.00
362 Water	0.00	0.00	0.00	0.00					0.00	0.00
363 Tele.	0.00	0.00	0.00	0.00					0.00	0.00
450 Cap. Out.	0.00	0.00	0.00	0.00					0.00	0.00
TOTAL Operts	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
TOTALS	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00

**FISCAL YEAR 2008
PROJECTED REQUIREMENTS
As of: March 31, 2008**

Department: **BUREAU OF STATISTICS AND PLANS**
Division: **BUSINESS AND ECONOMIC STATISTICS PROGRAM**
Account No.: **5100A080932EI001**

A	B	C	D	E	F	G	H	I	J	K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2008 Allotments (B - C)	Year to Date Exp/Encumb. As of:	Pay Period LABOR	Pay Period LABOR	Avg PP Requirement (F+G)/2	Personnel Projected PP remaining x column H	Requirements	(C + D - E - I - J) Projected Lapse/ Shortfall
111 Salary	260,964.00	130,583.00	130,381.00	116,504.00	9,032.80	9,032.80	9,032.80	128,265.76	0.00	16,194.24
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113 Benefits	91,690.00	45,845.00	45,845.00	36,677.73	2,872.04	2,872.04	2,872.04	40,762.97	0.00	14,229.30
TOTAL Persvs	352,654.00	176,428.00	176,226.00	153,181.73	11,904.84	11,904.84	11,904.84	169,048.73	0.00	30,423.54
220 Travel	0.00	0.00	0.00	0.00					0.00	0.00
230 Contract	0.00	0.00	0.00	0.00					0.00	0.00
233 Rent	0.00	0.00	0.00	0.00					0.00	0.00
240 Supplies	0.00	0.00	0.00	0.00					0.00	0.00
250 Equip.	0.00	0.00	0.00	0.00					0.00	0.00
280 Sub. Fec.	0.00	0.00	0.00	0.00					0.00	0.00
271 Drug-test.	0.00	0.00	0.00	0.00					0.00	0.00
361 Power	0.00	0.00	0.00	0.00					0.00	0.00
362 Water	0.00	0.00	0.00	0.00					0.00	0.00
363 Tele.	0.00	0.00	0.00	0.00					0.00	0.00
450 Cap. Out.	0.00	0.00	0.00	0.00					0.00	0.00
TOTAL Opers	0.00	0.00	0.00	0.00					0.00	0.00
TOTALS	352,654.00	176,428.00	176,226.00	153,181.73	11,904.84	11,904.84	11,904.84	169,048.73	0.00	30,423.54

BUREAU OF STATISTICS AND PLANS

FY 2008 BUDGET AND EXPENDITURE REPORT

As of: April 1, 2008

Account Number	Object Class	Object Code	Appropriation	Y-T-D Allotment	Y-T-D Exp./Enc.	Funds Available	*-Per payperiod Expenditure	Total proj. Req. for rem. of FY 2008	**Anticipated Lapses/Shortfall	Unallotted Balance:
PERSONNEL SERVICES										
Administration										
5100A080900GA001-111	Salaries	111	\$257,414.00	\$128,707.00	\$118,484.61	\$10,222.39	\$8,654.40	\$122,892.48	\$16,036.91	\$128,707.00
5100A080900GA001-113	Benefits	113	\$80,121.00	\$40,996.00	\$32,429.86	\$8,566.14	\$2,365.89	\$33,595.64	\$14,095.50	\$39,125.00
Planning Information Program										
5100A080910SE004-111	Salaries	111	\$188,764.00	\$92,131.00	\$83,565.11	\$8,565.89	\$7,067.20	\$100,354.24	\$4,844.65	\$96,633.00
5100A080910SE004-113	Benefits	113	\$54,376.00	\$28,256.00	\$24,328.22	\$3,927.78	\$2,081.36	\$29,555.31	\$492.47	\$26,120.00
Socio-Economic Planning Program										
5100A080920SE005-111	Salaries	111	\$105,796.00	\$51,519.00	\$47,558.40	\$3,960.60	\$3,963.20	\$56,277.44	\$1,960.16	\$54,277.00
5100A080920SE005-113	Benefits	113	\$26,141.00	\$14,697.00	\$11,927.04	\$2,789.96	\$993.92	\$14,113.66	\$100.30	\$11,444.00
Chief Economist's Office										
5100A080904GA001-111	Salaries	111	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A080904GA001-113	Benefits	113	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Business & Economic Statistics Program										
5100A080932E1001-111	Salaries	111	\$260,964.00	\$130,381.00	\$116,504.00	\$13,877.00	\$9,032.80	\$128,265.76	\$16,194.24	\$130,563.00
5100A080932E1001-113	Benefits	113	\$91,690.00	\$45,845.00	\$36,677.73	\$9,167.27	\$2,872.04	\$40,782.97	\$14,229.30	\$45,845.00
Sub-total:			\$1,065,266.00	\$532,532.00	\$471,474.97	\$61,057.03	\$37,030.81	\$525,837.50	\$67,953.53	\$532,734.00
OPERATIONS										
Administration										
5100A080900GA001-220	Travel	220	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A080900GA001-230	Contractual	230	\$10,956.00	\$5,296.00	\$0.00	\$5,296.00	\$0.00	\$10,956.00	\$0.00	\$5,660.00
5100A080900GA001-233	Rent	233	\$15,000.00	\$15,000.00	\$15,000.00	\$0.00	\$3,000.00	\$0.00	\$0.00	\$0.00
5100A080900GA001-240	Supplies	240	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$5,000.00
5100A080900GA001-250	Equipment	250	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A080900GA001-271	Drug-Test	271	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A080900GA001-361	Power	361	\$4,000.00	\$2,000.00	\$2,000.00	\$0.00	\$400.00	\$2,000.00	\$0.00	\$2,000.00
5100A080900GA001-363	Telephone	363	\$7,400.00	\$6,000.00	\$6,000.00	\$0.00	\$1,200.00	\$1,400.00	\$0.00	\$1,400.00
Sub-total:			\$42,356.00	\$28,296.00	\$23,000.00	\$5,296.00	\$4,600.00	\$19,356.00	\$0.00	\$14,060.00
Chief Economist's Office										
5100A080904GA001-230	Contractual	230	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A080904GA001-240	Supplies	240	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A080904GA001-363	Telephone	363	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL:			\$1,107,622.00	\$560,828.00	\$494,474.97	\$66,353.03	\$41,630.81	\$545,193.50	\$67,953.53	\$546,794.00

As of: April 1, 2008

YEAR END PROJECTION TOTALS:
(\$88,757.60)

User ID : BOBGGOM
To date : 3/2008
Account : S100A0809*****
Dept/Division :
Exclude Object Codes:

Account Number	Account Name	YTD Allotment	YTD Expenditures	O/S Encumbrance	Available Funds	Unallotted Balance
TOT APPROPRIATION	YTD Allotment					
5100A080960GA00111 ADMINISTRATION		128,707.00	118,484.61		10,222.39	128,707.00
5100A080960GA00113 ADMINISTRATION		40,996.00	32,429.86		8,566.14	39,125.00
5100A080960GA001230 ADMINISTRATION		5,296.00			5,296.00	5,660.00
5100A080960GA001233 ADMINISTRATION		15,000.00	5,650.00	9,350.00		
5100A080960GA001240 ADMINISTRATION		5,000.00				5,000.00
5100A080960GA001271 ADMINISTRATION						
5100A080960GA001361 ADMINISTRATION		2,000.00	1,708.47	291.53		2,000.00
5100A080960GA001363 ADMINISTRATION		6,000.00	3,068.77	2,931.23		1,400.00
GA001 PROGRAM TOTALS	Count: 8	161,341.71	12,572.76	24,084.53	181,892.00	181,892.00
00 DIVISION TOTALS	Count: 8	161,341.71	12,572.76	24,084.53	181,892.00	181,892.00
5100A080910SE004111 PLANNING INFORMATION		92,131.00	83,565.11		8,565.89	96,633.00
5100A080910SE004113 PLANNING INFORMATION		28,256.00	24,328.22		3,927.78	26,120.00
SE004 PROGRAM TOTALS	Count: 2	107,893.33	12,493.67	122,753.00	122,753.00	122,753.00
10 DIVISION TOTALS	Count: 2	107,893.33	12,493.67	122,753.00	122,753.00	122,753.00
5100A080920SE005111 SOCIAL ECONOMIC PLANNING		51,519.00	47,558.40		3,960.60	54,277.00
5100A080920SE005113 SOCIAL ECONOMIC PLANNING		14,697.00	11,927.04		2,769.96	11,444.00
SE005 PROGRAM TOTALS	Count: 2	59,485.44	6,730.56	65,721.00	65,721.00	65,721.00
20 DIVISION TOTALS	Count: 2	59,485.44	6,730.56	65,721.00	65,721.00	65,721.00
5100A080932E100111 BUSINESS & ECONOMIC STATISTICS		130,381.00	116,504.00		13,877.00	130,583.00
TOTALS		260,964.00	130,381.00		13,877.00	130,583.00

Run Date : 4/16/08
Run Time : 13:54:59

STATEMENT OF APPROPRIATIONS, ALLOTMENT, OUTSTANDING ENCUMBRANCE AND EXPENDITURES

Page : 2
Program: PRTAPPN

User ID : BOFGOGM
To date : 3/2008
Account : 5100A0809*****
Dept/Division :

Exclude Object Codes:

Account Number	Account Name	YTD Allotment	YTD Expenditures	O/S Encumbrance	Available Funds	Unallotted Balance
YTD Appropriation	YTD Allotment	YTD Expenditures				
5100A080932E100113 BUSINESS & ECONOMIC STATISTICS						
91,690.00	45,845.00	36,677.73		9,167.27	45,845.00	

R1001 PROGRAM TOTALS	Count:	2	153,181.73		23,044.27	176,428.00
32 DIVISION TOTALS	Count:	2	153,181.73		23,044.27	176,428.00
32 DIVISION TOTALS	Count:	2	153,181.73		23,044.27	176,428.00

09 DEPARTMENT TOTALS:	Count:	14	481,902.21	12,572.76	66,353.03	546,794.00
1,107,622.00	Count:	14	481,902.21	12,572.76	66,353.03	546,794.00

A08 APTV+FY TOTALS:	Count:	14	481,902.21	12,572.76	66,353.03	546,794.00
1,107,622.00	Count:	14	481,902.21	12,572.76	66,353.03	546,794.00

100 FUND TOTALS:	Count:	14	481,902.21	12,572.76	66,353.03	546,794.00
1,107,622.00	Count:	14	481,902.21	12,572.76	66,353.03	546,794.00

FINAL TOTALS	Count:	14	481,902.21	12,572.76	66,353.03	546,794.00
1,107,622.00	Count:	14	481,902.21	12,572.76	66,353.03	546,794.00

FUNCTIONAL AREA: EXECUTIVE DIRECTION
AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: ADMINISTRATION

FUND: SUMMARY

Ratio: 100% GENERAL FUND

Government of Guam
Fiscal Year 2008 Budget
Agency Current Staffing Pattern
As of: March 31, 2008

[BRMR-SP-1]

Agency by Department																				Agency by Department		(B)		(8)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)								
No.	Position	Incumbent	Grade/Step	Salary	Overhead	Speciate	Date	Increment (5% Annual)	(B+F+G+I)	Retirement (7.2487%)	Health (DDI) (\$15.57*Salary)	Social Security (6.2% * J)	Medicare (1.45% * J)	Life	Medical (Premium)	Dental (Premium)	Total Benefits (K thru Q)	(J + R)						
1	ADMIN001	Director	Alberto A. Llanusa V	11.XT-2	\$ 75,200	-	-	\$ 3,760	\$ 78,960	\$ 18,103	\$ -	\$ -	\$ 1,081	\$ 174	\$ 2,075	\$ 134	\$ 22,504	\$ 97,864						
2	ADMIN002	Chief Planner	Michelle A.C. Leon Guerrero	P-17	\$ 70,324	-	-	\$ 3,516	\$ 73,840	\$ 18,278	\$ -	\$ -	\$ -	\$ 174	\$ 2,075	\$ 134	\$ 20,610	\$ 94,524						
3	ADMIN004	VP Secretary II	Thomas C. Aguiar	B-16	\$ 34,382	-	-	\$ 1,719	\$ 36,101	\$ 8,376	\$ -	\$ -	\$ -	\$ 174	\$ 2,075	\$ 134	\$ 11,709	\$ 46,110						
4	ADMIN006	Admin. Officer	Terry L. Cuiaba	L-9	\$ 38,654	-	-	\$ 1,933	\$ 40,587	\$ 9,586	\$ 404	\$ -	\$ -	\$ 174	\$ 2,075	\$ 134	\$ 13,290	\$ 53,877						
5	ADMIN008	Administrative Assistant	Marylou S. Gomez	J-14	\$ 39,491	-	-	\$ 1,975	\$ 41,466	\$ 9,587	\$ -	\$ -	\$ 273	\$ 174	\$ 2,075	\$ 134	\$ 13,560	\$ 53,882						
6	ADMIN003	Private Secretary	VACANT	L-08	\$ -	-	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
Grand Total:				100	\$ 257,859	\$ -	-	\$ -	\$ 257,859	\$ 42,067	\$ 404	\$ -	\$ 2,321	\$ 378	\$ 14,753	\$ 1,679	\$ 62,108	\$ 318,965						

Page 2 of 2 (Continued) Headcount/Total Compensation

Government of Guam
Fiscal Year 2008 Budget
Agency Current Staffing Pattern
As of: March 31, 2008

Report by Department																											Report by Department										
(A)		(B)		(C)		(D)		(E)		(F)		(G)		(H)		(I)		(J)		(K)		(L)		(M)		(N)		(O)		(P)		(Q)		(R)		(S)	
No.	Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Special	Date of Increment	Increment	(P+G+H+I) Subtotal	(P+G+H+I) Subtotal (K * 2.67%)	Retirement (K * 2.67%)	Badger (DUI)	Social Security (6.2% * K)	Medicare (1.45% * K)	Life Insurance (1.74 * E)	Medical Premium * E)	Dental Premium * E)	Total Benefits (L thru R)	Total Benefits (K + S)																	
1	BRS-401	Statistician II	Edwin S. Verneke**	J-11	\$ 36,418	\$ -	\$ -	12/17/2008	\$ -	\$ 36,418	\$ 9,733	\$ 9,733	\$ -	\$ -	\$ -	\$ 174	\$ 2,275	\$ 334	\$ 12,056	\$ 47,674																	
2	BRS-402	Data Control Tech II	VACANT	F-9	\$ 24,571	\$ -	\$ -		\$ -	\$ 24,571	\$ 6,573	\$ 6,573	\$ -	\$ -	\$ -	\$ 174	\$ 1,785	\$ 288	\$ 9,775	\$ 39,417																	
3	BRS-403	Statistical Technician II	Shirley C. Tenenb**	F-13	\$ 29,329	\$ -	\$ -	4/21/2008	\$ 513	\$ 29,842	\$ 7,143	\$ 7,143	\$ -	\$ -	\$ 433	\$ 174	\$ 1,785	\$ 354	\$ 9,775	\$ 39,417																	
4	BRS-404	Statistical Technician II	Bertha M. Town**	F-13	\$ 29,329	\$ -	\$ -	4/21/2008	\$ 513	\$ 29,842	\$ 7,143	\$ 7,143	\$ -	\$ -	\$ 433	\$ 174	\$ 2,075	\$ 354	\$ 11,099	\$ 40,341																	
5	BRS-405	Statistician I	Antoinette Prier**	I-11	\$ 33,286	\$ -	\$ -	6/17/2008	\$ 867	\$ 34,153	\$ 8,886	\$ 8,886	\$ 404	\$ -	\$ 487	\$ 174	\$ 3,197	\$ 358	\$ 12,706	\$ 46,399																	
6	BRS-406	Statistician II	VACANT	J-11	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -																	
7	BRS-407	Statistical Technician I	VACANT	E-11	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -																	
8	BRS-410	Statistical Technician I	Garcia T. Pomer**	H-10	\$ 20,862	\$ -	\$ -	3/2/2010	\$ -	\$ 20,862	\$ 5,722	\$ 5,722	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -																	
9	BRS-411	Planning Technician I	Marlene Babin**	E-10	\$ 21,984	\$ -	\$ -	1/17/2009	\$ 34,084	\$ 6,014	\$ 6,014	\$ -	\$ -	\$ -	\$ -	\$ 174	\$ 2,083	\$ 233	\$ 8,436	\$ 33,849																	
10	BRS-412	Statistical Technician I	Albert M. Piers	E-10	\$ 21,984	\$ -	\$ -		\$ -	\$ 21,984	\$ 6,014	\$ 6,014	\$ -	\$ -	\$ -	\$ 174	\$ 2,083	\$ 233	\$ 8,436	\$ 33,849																	
11	BRS-413	Chief Economist		O-6	\$ 52,408	\$ -	\$ -	5/3/2009	\$ -	\$ 52,408	\$ 14,267	\$ 14,267	\$ -	\$ -	\$ 761	\$ 174	\$ 2,975	\$ 334	\$ 16,670	\$ 69,338																	
Grand Total:					\$560,457	\$0	\$0		\$1,413	\$361,970	\$64,877	\$64,877	\$444	\$0	\$2,910	\$1,218	\$18,073	\$2,936	\$81,508	\$517,307																	
High Performance/Random Worker/Low Performance:																																					
Non-Performance/Random Worker/Low Performance:																																					

FUNCTIONAL AREA: EXECUTIVE DIRECTION
 AGENCY: BUREAU OF STATISTICS AND PLANS
 PROGRAM: PLANNING INFORMATION PROGRAM
 FUND: SUMMARY
 Rate: 100% GENERAL FUND

Government of Guam
 Fiscal Year 2008 Budget
 Agency Current Staffing Pattern
 As of: March 31, 2008

Report by Department																				Report by Department									
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		(I)	(J)	(K)	(L)	(M)	(N)		(O)	(P)	(Q)	(R)	(S)									
No.	Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Special	Increment		(P-C+H-J) Subtotal	Retirement (K * 92.67%)	Ratio (DD)	Social Security (6.2% * S)	Benefits		Medical (Premium * D)	Dental (Premium * D)	Total Benefits (L thru R)	(K + S) TOTAL										
								Dir.	(E+Amount)					Medicare (1.45% * K)	Life 174 * R														
1	PT004	Planner III	Calvin A. Suranant	N-15	\$ 55,341	\$ -	\$ -	7/1/2009	\$ -	\$ 55,341	\$ 13,331	\$ -	\$ -	\$ 802	\$ 716	\$ 174	\$ 1,392	\$ 156	\$ 16,545	\$ 71,186									
2	PT005	Planner III	Monica J. Guerrero	N-14	\$ 49,564	\$ -	\$ -	1/9/2009	\$ -	\$ 49,564	\$ 11,882	\$ 404	\$ -	\$ 716	\$ 716	\$ 174	\$ 1,392	\$ 156	\$ 16,724	\$ 64,088									
3	PT007	Planner III	James A. Quiroga	N-14	\$ 53,670	\$ -	\$ -	12/21/2008	\$ -	\$ 53,670	\$ 12,870	\$ -	\$ -	\$ 775	\$ 775	\$ 174	\$ 1,785	\$ 200	\$ 18,005	\$ 69,275									
4	PT009	Data Control Clerk II	James Cushing, Jr.	P-9	\$ 25,571	\$ -	\$ -	3/22/2008	\$ 515	\$ 26,086	\$ 6,279	\$ -	\$ -	\$ 378	\$ 378	\$ 174	\$ 2,975	\$ 334	\$ 10,140	\$ 56,226									

Night Differential/Hazardous/Workers' Compensation/etc.

**Government of Guam
Fiscal Year 2008 Budget
Agency Current Staffing Pattern
As of: March 31, 2008**

Approved by Department

[illegible]

Government of Guam
Fiscal Year 2008 Budget
Agency Current Staffing Pattern
As of: March 31, 2008

FUNCTIONAL AREA: EXECUTIVE DIRECTION
AGENCY: BUREAU OF STATISTICS AND PLANS
PROGRAM: EDWARD BYRNE MEMORIAL STATE AND LOCAL LAW ENFORCEMENT FORMULA GRANT (100% FEDERALLY FUNDED)
FUND: SUMMARY
Ratio: 100% Federally Funded

Input by Department																			Input by Department									
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		(I)	(J)	(K)	(L)	(M)		(N)		(O)		(P)	(Q)	(R)	(S)						
No.	Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Special*	Increment		(F+G+H+J) Subtotal	Retirement (K * 24.07%)	Retire (DD)	Social Security (6.5% * K)	Medicare (1.45% * K)	Life 1/2 * E	Medical (Premium * E)	Dental (Premium * E)	Total Benefits (L thru R)	(K + S) TOTAL									
								Base	(E*Amount)											(L thru R)								
1	BYRNE001	Planner III	Lyle E. Lora Guerrero	MA-13	\$ 47,095	\$ -	\$ -	1/29/2010	\$ -	\$ 47,095	\$ 11,480	\$ -	\$ -	\$ -	\$ 692	\$ 174	\$ 2,975	\$ 334	\$ 15,655	\$ 63,380								
2	BYRNE003	Administrative Assistant	Jillie Rose U. Weckel	J-10	\$ 34,414	\$ -	\$ -	8/10/2010	\$ -	\$ 34,414	\$ 8,283	\$ -	\$ -	\$ -	\$ 499	\$ 174	\$ 2,975	\$ 334	\$ 12,265	\$ 46,679								
3																												
4																												
5																												
6																												
7																												
8																												
9																												
10																												
11																												
12																												
13																												
14																												
15																												
16																												
17																												
18																												
19																												
20																												
21																												
22																												
23																												
24																												
25																												
26																												
27																												
28																												
29																												
30																												
			Grand Total:		\$	\$ 82,105	\$ -	\$ -		\$	\$ 82,105	\$ 19,764	\$ -	\$ -	\$	\$ 1,191	\$	\$ 348	\$	\$ 5,940	\$	\$ 648	\$	\$ 27,920	\$	\$ 110,029		
Notes: 1. Non-Differential/Random Worker's Compensation/etc.																												

* Night Differential/ Hazardous Worker's Compensation, etc.

Government of Guam
Fiscal Year 2008 Budget
Agency Current Staffing Pattern
As of: March 31, 2008

FUNCTIONAL AREA: EXECUTIVE DIRECTION
AGENCY: BUREAU OF STATISTICS AND PLANS
PROGRAM: LAND USE GIS PLANNING PROGRAM
FUND: SUMMARY
Rate: 100% Federally Funded under Coastal Zone Management Administration Grant

Input by Department																											Input by Department	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)										
No. Position Number	Position Title	Name of Incumbent	Grade/ Step	Salary	Overtime	Special*	Increment		(P+G+H+J) Subtotal (K * 24.07 %)	Retirement (K * 24.07 %)	Retire (DD)	Social Security (6.2% * K)	Medicare (1.45% * K)	Life 174 * E	Medical (Premium * E)	Dental (Premium * E)	Total Benefits (L thru R)	(K + S) TOTAL										
							Time	(E * Amount)											Subtotal	Subtotal	Subtotal	Subtotal	Subtotal	Subtotal	Subtotal	Subtotal		
1	L1P001	Victor Torres	O-10	\$ 50,717	\$ -	\$ -	5/27/2008	\$ 888	\$ 51,605	\$ 12,421	\$ -	\$ -	\$ 748	\$ 174	\$ 2,083	\$ 213	\$ 15,644	\$ 67,245										
2	L1P002	Timothy Semola	L-7	\$ 35,802	\$ -	\$ -	1/22/2009	\$ -	\$ 35,802	\$ 8,618	\$ 404	\$ -	\$ 519	\$ 174	\$ 2,372	\$ 244	\$ 13,024	\$ 48,226										
3	L1P003	VACANT	L-1	\$ 21,389	\$ -	\$ -		\$ -	\$ 21,389	\$ 5,148	\$ 444	\$ -	\$ 310	\$ 174	\$ 2,107	\$ 268	\$ 9,591	\$ 30,580										

* High Differential/Seasonal Worker's Compensation/etc.

FUNCTIONAL AREA: EXECUTIVE DIRECTION
AGENCY: BUREAU OF STATISTICS AND PLANS
PROGRAM: GUAM COASTAL MANAGEMENT PROGRAM
FUND: SUMMARY
Code: 100% FEDERALLY FUNDED

Government of Guam
Fiscal Year 2008 Budget
Agency Current Staffing Pattern
As of: March 31, 2008

GRAND SP. 11

[illegible]

Government of Guam
Fiscal Year 2008 Budget
Agency Current Staffing Pattern
As of: March 31, 2008

FUNCTIONAL AREA: EXECUTIVE DIRECTION
AGENCY: BUREAU OF STATISTICS AND PLANS
PROGRAM: INTERJURISDICTIONAL FISHERIES ACT GRANT PROGRAM (100% FEDERALLY FUNDED)
FUND: SUMMARY
Ratio: 100% Federally Funded

(A)		(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)
Position Number		Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Special*	Incumbent Date	Incumbent Amount	(P+G+H+J) Subtotal	Retirement (K * 74.87%)	Health (DDD) (\$15.27*DDP%)	Social Security (6.2% * N)	Medicare (1.45% * N)	Life (174 * E)	Medical (Premium * F)	Dental (Premium * G)	Total Benefits (R + S)	TOTAL
1	171001	Keyman Operator I	Early M.C. Tolson	E-5	\$ 20,820	-	-	9/24/2008	\$ -	\$ 20,820	\$ 5,017	\$ 464	\$ -	\$ 302	\$ 174	\$ 2,975	\$ 354	\$ 9,208	\$ 30,726
2	171002	Data Control Clerk II	Peter Leon Guerrero	E-5	\$ 22,044	-	-	8/17/2008	\$ -	\$ 22,044	\$ 5,306	\$ 484	\$ -	\$ 320	\$ 174	\$ 1,993	\$ 156	\$ 7,753	\$ 29,796
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			
29																			
30																			
Grand Total:					\$ 42,864	\$ -	\$ -		\$ -	\$ 42,864	\$ 10,317	\$ 868	\$ -	\$ 622	\$ 348	\$ 4,967	\$ 490	\$ 16,953	\$ 59,816

* Night Differential/Travel/Worker's Compensation/etc.


Government of Guam
 Fiscal Year 2008 Budget
 Agency Current Staffing Pattern
 As of: March 31, 2008

FUNCTIONAL AREA: EXECUTIVE DIRECTION
 AGENCY: BUREAU OF STATISTICS AND PLANS
 PROGRAM: GUAM DEVELOPMENTAL DISABILITIES COUNCIL (100% FEDERALLY FUNDED)
 FUND: SUMMARY
 Ratio: 100% Federally Funded

Input by Department																			Input by Department				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)				
No.	Position	Name of	Grade	Salary	Overtime	Special	Increment		(F+G+H+J)	Retirement	Rate (DD)	Social Security	Medicare	Life	Medical	Dental	Total Benefits	(K+S)					
	Title	Employee	Step				Date	(P*Annual)	Subtotal	(K * 54.07%)	(\$15.52*26PPY)	(6.2% * K)	(1.45% * K)	174 * E	(Premium * E)	(Premium * E)	(L thru R)						
1	GDPC001	Director, DDC	P-10	\$53,274	\$0	\$0		\$0	\$53,274	\$13,344	\$684	\$0	\$801	\$174	\$2,883	\$233	\$17,066	\$17,066					
2	GDPC002	Marie C. Toddano-Livira	N-7	41,936	0	0	4/29/2009	0	41,936	\$9,409	0	0	\$608	\$174	\$3,197	\$38	\$13,836	\$5,772					
3	GDPC004	Kristian C. Perez	K-1	24,656	0	0	1/21/2009	0	24,656	\$5,285	\$404	0	338	174	3,197	38	10,075	34,731					
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
17																							
18																							
19																							
20																							
21																							
22																							
23																							
24																							
25																							
26																							
27																							
28																							
29																							
30																							
		Grand Total		\$113,866	\$0	\$0		\$0	\$113,866	\$28,388	\$688	\$0	\$1,767	\$522	\$8,477	\$849	\$40,911	\$162,777					
Night Differential/ Hazardous/ Worker's Compensation/etc.																							

* Night Differential/Standby Worker's Compensation/etc.

FEDERAL CASH TRANSACTIONS REPORT		OMB APPROVAL NO. 0348-0003	
(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)		1. Federal sponsoring agency and organizational element to which this report is submitted	
		U.S. DEPARTMENT OF COMMERCE NOAA/OCRM	
		2. RECIPIENT ORGANIZATION	
		Name: BUREAU OF STATISTICS AND PLANS Number and Street: P.O. BOX 2950 City, State and ZIP Code: HAGATNA, GUAM 96932	
		4. Federal grant or other identification number	5. Recipient's account number or identifying number
		NA04NMF4070130	5101E050910DC103
		6. Letter of credit number	7. Last payment voucher number
		<i>Give total number for this period</i>	
		8. Payment Vouchers credited to your account	9. Treasury checks received (whether or not deposited)
		10. PERIOD COVERED BY THIS REPORT	
3. FEDERAL EMPLOYER IDENTIFICATION NO. 98-0018947		FROM (month, day, year) 10/01/07	TO (month, day, year) 3/31/08
11. STATUS OF FEDERAL CASH (See specific instructions on the back)	a. Cash on hand beginning of reporting period	\$ -11,375.72	
	b. Letter of credit withdrawals	11,375.72	
	c. Treasury check payments	0.00	
	d. Total receipts (Sum of lines b and c)	11,375.72	
	e. Total cash available (Sum of lines a and d)	0.00	
	f. Gross disbursements	0.00	
	g. Federal share of program income	0.00	
	h. Net disbursements (Line f minus line g)	0.00	
	i. Adjustments of prior periods	0.00	
	j. Cash on hand end of period	\$ 0.00	
12. THE AMOUNT SHOWN ON LINE 11, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING Days	13. OTHER INFORMATION		
	a. Interest income	\$ 0.00	
	b. Advances to subgrantees or subcontractors	\$ 0.00	
14. REMARKS (Attach additional sheets of plain paper, if more space is required)			

15. CERTIFICATION			
I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.	AUTHORIZED	SIGNATURE 	DATE REPORT SUBMITTED
	CERTIFYING OFFICIAL	TYPED OR PRINTED NAME AND TITLE ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans	TELEPHONE (Area Code, Number, Extension) 671-472-4201

THIS SPACE FOR AGENCY USE

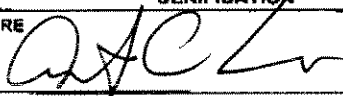
FINANCIAL STATUS REPORT

(Short Form)

(Follow Instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce NOAA	2. Federal Grant or Other Identifying Number Assigned By Federal Agency NAO4NMF4070130 <small>Data Collection and Data Entry in the Management of Guam's Interjurisdictional Fishery Resources</small>	OMB Approval No. 1121-0264 <small>Expires: 01/31/2006</small>	Page of 1 / 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) <div style="display: flex; justify-content: space-between;"> <div> BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 </div> <div style="text-align: right;"> SEMI-ANNUAL FINANCIAL REPORT </div> </div>				
4. Employer Identification Number 98-0017947	5. Recipient Account Number or Identifying Number 5101E050910DC103	6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10-01-04	To: (Month, Day, Year) 09-30-08	9. Period Covered by this Report From: (Month, Day, Year) 10-01-07	To: (Month, Day, Year) 03-31-08	
10. Transactions:	I Previously Reported	II This Period	III Cumulative	
a. Total outlays	35 022	0	35 022	
b. Recipient share of outlays	0	0	0	
c. Federal share of outlays	35 022	0	35 022	
d. Total unliquidated obligations			0	
e. Recipient share of unliquidated obligations			0	
f. Federal share of unliquidated obligations			0	
g. Total Federal share (Sum of lines c and f)			35 022	
h. Total Federal funds authorized for this funding period			35 819	
i. Unobligated balance of Federal funds (Line h minus line g)			797	
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. A. Block/Formula passthrough: \$ 0 C. Forfeit: \$ 0 E. Expended: \$ 0 B. Federal Fund Subgranted: \$ 0 D. Other: \$ 0 F. Unexpended: \$ 0				
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.				
Typed or Printed Name and Title ALBERTO A. LAMORENA, V, Director Bureau of Statistics and Plans			Telephone (Area code, number and extension) 1- 671- 472 -4201	
Signature of Authorized Certifying Official 			Date Report Submitted APR 29 2008	

FEDERAL CASH TRANSACTIONS REPORT		OMB APPROVAL NO. 0348-0003																					
<i>(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)</i>		1. Federal sponsoring agency and organizational element to which this report is submitted U.S. DEPARTMENT OF COMMERCE NOAA/OCRM																					
2. RECIPIENT ORGANIZATION Name: BUREAU OF STATISTICS AND PLANS Number and Street: P.O. BOX 2950 City, State and ZIP Code: HAGATNA, GUAM 96932		4. Federal grant or other identification number NA07NMF4070002 5. Recipient's account number or identifying number 5101E080910DC103 6. Letter of credit number 7. Last payment voucher number <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px;"> Give total number for this period </div> 8. Payment Vouchers credited to your account 9. Treasury checks received (whether or not deposited) 10. PERIOD COVERED BY THIS REPORT FROM (month, day, year) 10/01/07 TO (month, day, year) 03/31/08																					
3. FEDERAL EMPLOYER IDENTIFICATION NO. 98-0018947																							
11. STATUS OF FEDERAL CASH <i>(See specific instructions on the back)</i>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%;">a. Cash on hand beginning of reporting period</td><td style="width: 30%; text-align: right;">\$ 0.00</td></tr> <tr><td>b. Letter of credit withdrawals</td><td style="text-align: right;">0.00</td></tr> <tr><td>c. Treasury check payments</td><td style="text-align: right;">0.00</td></tr> <tr><td>d. Total receipts (Sum of lines b and c)</td><td style="text-align: right;">0.00</td></tr> <tr><td>e. Total cash available (Sum of lines a and d)</td><td style="text-align: right;">0.00</td></tr> <tr><td>f. Gross disbursements</td><td style="text-align: right;">0.00</td></tr> <tr><td>g. Federal share of program income</td><td style="text-align: right;">0.00</td></tr> <tr><td>h. Net disbursements (Line f minus line g)</td><td style="text-align: right;">0.00</td></tr> <tr><td>i. Adjustments of prior periods</td><td style="text-align: right;">0.00</td></tr> <tr><td>j. Cash on hand end of period</td><td style="text-align: right;">\$ 0.00</td></tr> </table>		a. Cash on hand beginning of reporting period	\$ 0.00	b. Letter of credit withdrawals	0.00	c. Treasury check payments	0.00	d. Total receipts (Sum of lines b and c)	0.00	e. Total cash available (Sum of lines a and d)	0.00	f. Gross disbursements	0.00	g. Federal share of program income	0.00	h. Net disbursements (Line f minus line g)	0.00	i. Adjustments of prior periods	0.00	j. Cash on hand end of period	\$ 0.00
a. Cash on hand beginning of reporting period	\$ 0.00																						
b. Letter of credit withdrawals	0.00																						
c. Treasury check payments	0.00																						
d. Total receipts (Sum of lines b and c)	0.00																						
e. Total cash available (Sum of lines a and d)	0.00																						
f. Gross disbursements	0.00																						
g. Federal share of program income	0.00																						
h. Net disbursements (Line f minus line g)	0.00																						
i. Adjustments of prior periods	0.00																						
j. Cash on hand end of period	\$ 0.00																						
12. THE AMOUNT SHOWN ON LINE 11, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING <div style="text-align: right; padding-right: 10px;">Days</div>		13. OTHER INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%;">a. Interest income</td><td style="width: 30%; text-align: right;">\$ 0.00</td></tr> <tr><td>b. Advances to subgrantees or subcontractors</td><td style="text-align: right;">\$ 0.00</td></tr> </table>		a. Interest income	\$ 0.00	b. Advances to subgrantees or subcontractors	\$ 0.00																
a. Interest income	\$ 0.00																						
b. Advances to subgrantees or subcontractors	\$ 0.00																						
14. REMARKS <i>(Attach additional sheets of plain paper, if more space is required)</i>																							

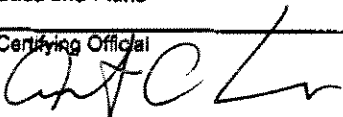
15. CERTIFICATION			
I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.	AUTHORIZED	SIGNATURE 	DATE REPORT SUBMITTED 04/28/2008
	CERTIFYING OFFICIAL	TYPED OR PRINTED NAME AND TITLE ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans	

THIS SPACE FOR AGENCY USE

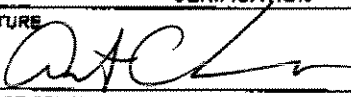
FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce NOAA	2. Federal Grant or Other Identifying Number Assigned By Federal Agency NAO7NMF4070002 <small>Data Collection and Data Entry in the Management of Guam's Interjurisdictional Fishery Resources</small>	OMB Approval No. 1121-0264 <small>Expires: 01/31/2006</small>	Page of 1 / 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932			
SEMI-ANNUAL FINANCIAL REPORT			
4. Employer Identification Number 98-0017947	5. Recipient Account Number or Identifying Number 5101E080910DC103	6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10-07-04	To: (Month, Day, Year) 09-30-10	9. Period Covered by this Report From: (Month, Day, Year) 10-01-07 To: (Month, Day, Year) 03/31/08	
10. Transactions:		I Previously Reported	II This Period
a. Total outlays		0	0
b. Recipient share of outlays		0	0
c. Federal share of outlays		0	0
d. Total unliquidated obligations		0	
e. Recipient share of unliquidated obligations		0	
f. Federal share of unliquidated obligations		0	
g. Total Federal share (Sum of lines c and f)		0	
h. Total Federal funds authorized for this funding period		12 358	
i. Unobligated balance of Federal funds (Line h minus line g)		12 358	
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed		
b. Rate	c. Base	d. Total Amount	e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. A. Block/Formula passthrough: \$ 0 C. Forfeit: \$ 0 E. Expended: \$ 0 B. Federal Fund Subgranted: \$ 0 D. Other: \$ 0 F. Unexpended: \$ 0			
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.			
Typed or Printed Name and Title ALBERTO A. LAMORENA, V, Director Bureau of Statistics and Plans		Telephone (Area code, number and extension) 1- 671- 472 -4201	
Signature of Authorized Certifying Official 		Date Report Submitted APR 28 2008	

FEDERAL CASH TRANSACTIONS REPORT		OMB APPROVAL NO. 0348-0003	
<i>(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)</i>		1. Federal sponsoring agency and organizational element to which this report is submitted U.S. DEPARTMENT OF COMMERCE NOAA/OCRM	
2. RECIPIENT ORGANIZATION Name: BUREAU OF STATISTICS AND PLANS Number and Street: P.O. BOX 2950 City, State and ZIP Code: HAGATNA, GUAM 96932		4. Federal grant or other identification number NA07NMF4370069	5. Recipient's account number or identifying number 5101H070910DC106
		6. Letter of credit number	7. Last payment voucher number
		<i>Give total number for this period</i>	
		8. Payment Vouchers credited to your account	9. Treasury checks received (whether or not deposited)
3. FEDERAL EMPLOYER IDENTIFICATION NO. 98-0018947		10. PERIOD COVERED BY THIS REPORT FROM (month, day, year) 10/01/07 TO (month, day, year) 03/31/08	
11. STATUS OF FEDERAL CASH <i>(See specific instructions on the back)</i>	a. Cash on hand beginning of reporting period		\$ -11,227.49
	b. Letter of credit withdrawals		36,449.39
	c. Treasury check payments		0.00
	d. Total receipts (Sum of lines b and c)		36,449.39
	e. Total cash available (Sum of lines a and d)		25,221.90
	f. Gross disbursements		27,514.80
	g. Federal share of program income		0.00
	h. Net disbursements (Line f minus line g)		27,514.80
	i. Adjustments of prior periods		0.00
	j. Cash on hand end of period		\$ -2,292.90
12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING <i>Days</i>		13. OTHER INFORMATION a. Interest income \$ 0.00 b. Advances to subgrantees or subcontractors \$ 0.00	
14. REMARKS <i>(Attach additional sheets of plain paper, if more space is required)</i>			

15. CERTIFICATION			
I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.	AUTHORIZED	SIGNATURE	DATE REPORT SUBMITTED
	CERTIFYING		04/28/2008
	OFFICIAL	TYPED OR PRINTED NAME AND TITLE ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans	TELEPHONE (Area Code, Number, Extension) 671-472-4201

THIS SPACE FOR AGENCY USE

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Commerce NOAA		2. Federal Grant or Other Identifying Number Assigned By Federal Agency NA07NMF4370059 2007 WPACFIN Cooperative Agreement Grant		OMB Approval No. 1121-0264 Expires: 01/31/2006		Page of 1 / 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) <div style="display: flex; justify-content: space-between;"> <div> BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 </div> <div style="text-align: right;"> SEMI-ANNUAL REPORT </div> </div>						
4. Employer Identification Number 98-0017947		5. Recipient Account Number or Identifying Number 5101H070910DC105		6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 07-01-07		To: (Month, Day, Year) 06-30-10		9. Period Covered by this Report From: (Month, Day, Year) 10/01/07		To: (Month, Day, Year) 03/31/08
10. Transactions:				I Previously Reported	II This Period	III Cumulative
a. Total outlays				11 227	27 515	38 742
b. Recipient share of outlays				0	0	0
c. Federal share of outlays				11 227	27 515	38 742
d. Total unliquidated obligations						0
e. Recipient share of unliquidated obligations						0
f. Federal share of unliquidated obligations						0
g. Total Federal share (Sum of lines e and f)						38 742
h. Total Federal funds authorized for this funding period						40 000
i. Unobligated balance of Federal funds (Line h minus line g)						1 258
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed				
b. Rate		c. Base		d. Total Amount		e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.						
Typed or Printed Name and Title ALBERTO A. LAMORENA, V, Director Bureau of Statistics and Plans					Telephone (Area code, number and extension) 1- 671- 472 -4201	
Signature of Authorized Certifying Official 					Date Report Submitted APR 28 2008	

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		OMB APPROVAL NO.		PAGE OF	
		0348-0004			
		1. TYPE OF PAYMENT REQUESTED a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED U.S. DEPT. OF INTERIOR/Off. of Insular Affairs		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY CRI-GU-05		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 93005113-02	
6. EMPLOYER IDENTIFICATION NUMBER 98-0018947	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 5101H050930E113	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) 01/01/08		TO (month, day, year) 03/31/08	
9. RECIPIENT ORGANIZATION Name: BUREAU OF STATISTICS AND PLANS Number and Street: P.O. BOX 2950 City, State and ZIP Code: HAGATNA, GUAM 96932		10. PAYEE (Where check is to be sent if different than item 9) Name: TREASURER OF GUAM Number and Street: P.O. BOX 884 City, State and ZIP Code: HAGATNA, GUAM 96932			
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES		(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)		\$ 433,658.13	\$	\$	\$ 433,658.13
b. Less: Cumulative program income		0.00			0.00
c. Net program outlays (Line a minus line b)		433,658.13	0.00	0.00	433,658.13
d. Estimated net cash outlays for advance period		0.00			0.00
e. Total (Sum of lines c & d)		433,658.13	0.00	0.00	433,658.13
f. Non-Federal share of amount on line e		0.00			0.00
g. Federal share of amount on line e		433,658.13			433,658.13
h. Federal payments previously requested		327,786.08			327,786.08
i. Federal share now requested (Line g minus line h)		105,872.05	0.00	0.00	105,872.05
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month				0.00
	2nd month				0.00
	3rd month				0.00
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY					
a. Estimated Federal cash outlays that will be made during period covered by the advance					\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period					
c. Amount requested (Line a minus line b)					\$ 0.00

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL

DATE REQUEST
SUBMITTED

April 28, 2008

TYPED OR PRINTED NAME AND TITLE

ALBERTO A. LAMORENA V, DIRECTOR
Bureau of Statistics and Plans

TELEPHONE (AREA
CODE, NUMBER,
EXTENSION)

671-472-4201

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11a, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

- | Item | Entry |
|------|--|
| 2 | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis. |
| 4 | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. |
| 6 | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency. |
| 7 | This space is reserved for an account number or other identifying number that may be assigned by the recipient. |
| 8 | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested. |

Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.

- 11 The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or

- | Item | Entry |
|------|---|
| | activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. |
| 11a | Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 11b | Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement. |
| 11d | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance. |
| 13 | Complete the certification before submitting this request. |

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. DEPARTMENT OF INTERIOR OFFICE OF INSULAR AFFAIRS / NOAA		2. Federal Grant or Other Identifying Number Assigned By Federal Agency CRI - GU - 5 2005 Coral Reef Initiative		OMB Approval No. 1121-0264 Expires: 01/31/2006		Page of 1 / 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) <div style="display: flex; justify-content: space-between;"> <div> BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 </div> <div> QUARTERLY REPORT </div> </div>							
4. Employer Identification Number 98-0018947		5. Recipient Account Number or Identifying Number 5101H050930E113		6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 11-01-04		To: (Month, Day, Year) 07-31-08		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2008		To: (Month, Day, Year) 3/31/2008	
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				327 786	105 872	433 658	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				327 786	105 872	433 658	
d. Total unliquidated obligations						49 114	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						49 114	
g. Total Federal share (Sum of lines e and f)						482 772	
h. Total Federal funds authorized for this funding period						483 196	
i. Unobligated balance of Federal funds (Line h minus line g)						424	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans					Telephone (Area code, number and extension) 1- 671- 472 -4201		
Signature of Authorized Certifying Official 					Date Report Submitted APR 28 2008		

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		OMB APPROVAL NO. 0348-0004		PAGE 1 OF PAGES	
		1. TYPE OF PAYMENT REQUESTED a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED U.S. DEPT. OF INTERIOR/ Off. of Insular Affairs		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY CRI-GU-06		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 93005113-02	
6. EMPLOYER IDENTIFICATION NUMBER 98-0018947	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 5101H070930EI115	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) 10/01/07 TO (month, day, year) 03/31/08			
9. RECIPIENT ORGANIZATION Name: BUREAU OF STATISTICS AND PLANS Number and Street: P.O. BOX 2950 City, State and ZIP Code: HAGATNA, GUAM 96932		10. PAYEE (Where check is to be sent if different than item 9) Name: TREASURER OF GUAM Number and Street: P.O. BOX 884 City, State and ZIP Code: HAGATNA, GUAM 96932			
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES		(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)		\$ 170,197.70	\$	\$	\$ 170,197.70
b. Less: Cumulative program income		0.00			0.00
c. Net program outlays (Line a minus line b)		170,197.70	0.00	0.00	170,197.70
d. Estimated net cash outlays for advance period		0.00			0.00
e. Total (Sum of lines c & d)		170,197.70	0.00	0.00	170,197.70
f. Non-Federal share of amount on line e		0.00			0.00
g. Federal share of amount on line e		170,197.70			170,197.70
h. Federal payments previously requested		109,778.78			109,778.78
i. Federal share now requested (Line g minus line h)		60,418.92	0.00	0.00	60,418.92
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances		1st month			0.00
		2nd month			0.00
		3rd month			0.00
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY					
a. Estimated Federal cash outlays that will be made during period covered by the advance					\$ 0.00
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period					0.00
c. Amount requested (Line a minus line b)					\$ 0.00

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TYPED OR PRINTED NAME AND TITLE

ALBERTO A. LAMORENA V, DIRECTOR
Bureau of Statistics and Plans

DATE REQUEST
SUBMITTED

April 28, 2008

TELEPHONE (AREA
CODE, NUMBER,
EXTENSION)

671-472-4201

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT
AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS


Please type or print legibly. Items 1, 3, 5, 9, 10, 11a, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item	Entry	Item	Entry
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.		activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.	11a	Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.	11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.	11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.	13	Complete the certification before submitting this request.
Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.			
11	The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or		

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. DEPARTMENT OF INTERIOR OFFICE OF INSULAR AFFAIRS / NOAA		2. Federal Grant or Other Identifying Number Assigned By Federal Agency CRI - GU - 6 2006 Coral Reef Initiative		OMB Approval No. 1121-0264 Expires: 01/31/2006		Page of 1 / 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 SEMI-ANNUAL REPORT							
4. Employer Identification Number 98-0018947		5. Recipient Account Number or Identifying Number 5101H060930E115		6. Final Report [] YES [X] NO		7. Basis [] Cash [X] Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 11-01-05		To: (Month, Day, Year) 11-30-08		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2007		To: (Month, Day, Year) 03/31/08	
10. Transactions:				I Previously Reported		II This Period	
a. Total outlays				109 779		60 419	
b. Recipient share of outlays				0		0	
c. Federal share of outlays				109 779		60 419	
d. Total unliquidated obligations						193 563	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						193 563	
g. Total Federal share (Sum of lines c and f)						363 761	
h. Total Federal funds authorized for this funding period						449 562	
i. Unobligated balance of Federal funds (Line h minus line g)						85 801	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) [] Provisional [] Predetermined [] Final [X] Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans				Telephone (Area code, number and extension) 1-671-472-4201			
Signature of Authorized Certifying Official 				Date Report Submitted APR 28 2008			

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		OMB APPROVAL NO. <div style="text-align: center;">0348-0004</div>		PAGE _____ OF _____ PAGES
		1. TYPE OF PAYMENT REQUESTED a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "X" line applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED U.S. DEPT. OF INTERIOR/ Off. of Insular Affairs		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY CRI-GU-07		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 93005113-02
6. EMPLOYER IDENTIFICATION NUMBER 98-0018947	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 5101H070930EI115	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) 10/01/07 TO (month, day, year) 03/31/08		
9. RECIPIENT ORGANIZATION Name: BUREAU OF STATISTICS AND PLANS Number and Street: P.O. BOX 2950 City, State and ZIP Code: HAGATNA, GUAM 96932		10. PAYEE (Where check is to be sent if different than item 9) Name: TREASURER OF GUAM Number and Street: P.O. BOX 884 City, State and ZIP Code: HAGATNA, GUAM 96932		
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <i>(As of date)</i>	\$ 16,727.42	\$	\$	\$ 16,727.42
b. Less: Cumulative program income	0.00			0.00
c. Net program outlays <i>(Line a minus line b)</i>	16,727.42	0.00	0.00	16,727.42
d. Estimated net cash outlays for advance period	0.00			0.00
e. Total <i>(Sum of lines c & d)</i>	16,727.42	0.00	0.00	16,727.42
f. Non-Federal share of amount on line e	0.00			0.00
g. Federal share of amount on line e	16,727.42			16,727.42
h. Federal payments previously requested	11,587.42			11,587.42
i. Federal share now requested <i>(Line g minus line h)</i>	5,140.00	0.00	0.00	5,140.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			0.00
	2nd month			0.00
	3rd month			0.00
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY				
a. Estimated Federal cash outlays that will be made during period covered by the advance				\$ 0.00
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period				0.00
c. Amount requested <i>(Line a minus line b)</i>				\$ 0.00

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL

DATE REQUEST
SUBMITTED

April 28, 2008

TYPED OR PRINTED NAME AND TITLE

ALBERTO A. LAMORENA V, DIRECTOR
Bureau of Statistics and Plans

TELEPHONE (AREA
CODE, NUMBER,
EXTENSION)

671-472-4201

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT
AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS


Please type or print legibly. Items 1, 3, 5, 9, 10, 11a, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

- | Item | Entry | Item | Entry |
|-------|--|------|---|
| 2 | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis. | | activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. |
| 4 | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. | 11a | Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 6 | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency. | 11b | Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement. |
| 7 | This space is reserved for an account number or other identifying number that may be assigned by the recipient. | 11d | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance. |
| 8 | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested. | 13 | Complete the certification before submitting this request. |
| Note: | The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports. | | |
| 11 | The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or | | |

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. DEPARTMENT OF INTERIOR OFFICE OF INSULAR AFFAIRS / NOAA		2. Federal Grant or Other Identifying Number Assigned By Federal Agency CRI - GU - 07 2007 Coral Reef Initiative		OMB Approval No. 1121-0264 Expires: 01/31/2008		Page of 1 / 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 QUARTERLY REPORT							
4. Employer Identification Number 98-0018947		5. Recipient Account Number or Identifying Number 5101H070930E115		6. Final Report [] YES [X] NO		7. Basis [] Cash [X] Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10-01-06		To: (Month, Day, Year) 10-31-09		9. Period Covered by this Report From: (Month, Day, Year) 10/01/07		To: (Month, Day, Year) 03/31/08	
10. Transactions:				I Previously Reported		II This Period	
a. Total outlays				11 587		5 140	
b. Recipient share of outlays				0		0	
c. Federal share of outlays				11 587		5 140	
d. Total unliquidated obligations						66 949	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						66 949	
g. Total Federal share (Sum of lines c and f)						83 676	
h. Total Federal funds authorized for this funding period						365 000	
i. Unobligated balance of Federal funds (Line h minus line g)						281 324	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) [] Provisional [] Predetermined [] Final [X] Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans				Telephone (Area code, number and extension) 1- 671- 472 -4201			
Signature of Authorized Certifying Official 				Date Report Submitted APR 28 2008			

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		OMB APPROVAL NO 0348-0004		PAGE 1 OF 1 PAGES
		1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED U.S. DEPT. OF INTERIOR/ Off. of Insular Affairs		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY CRI-GU-08		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 93005113-02
6. EMPLOYER IDENTIFICATION NUMBER 98-0018947	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 5101H080930E1115	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) 09/01/07 TO (month, day, year) 03/31/08		
9. RECIPIENT ORGANIZATION Name: BUREAU OF STATISTICS AND PLANS Number and Street: P.O. BOX 2950 City, State and ZIP Code: HAGATNA, GUAM 96932		10. PAYEE (Where check is to be sent if different than item 9) Name: TREASURER OF GUAM Number and Street: P.O. BOX 884 City, State and ZIP Code: HAGATNA, GUAM 96932		
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	\$ 3,020.00	\$	\$	\$ 3,020.00
b. Less: Cumulative program income	0.00			0.00
c. Net program outlays (Line a minus line b)	3,020.00	0.00	0.00	3,020.00
d. Estimated net cash outlays for advance period	0.00			0.00
e. Total (Sum of lines c & d)	3,020.00	0.00	0.00	3,020.00
f. Non-Federal share of amount on line e	0.00			0.00
g. Federal share of amount on line e	3,020.00			3,020.00
h. Federal payments previously requested	0.00			0.00
i. Federal share now requested (Line g minus line h)	3,020.00	0.00	0.00	3,020.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances				
1st month				0.00
2nd month				0.00
3rd month				0.00
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY				
a. Estimated Federal cash outlays that will be made during period covered by the advance				\$ 0.00
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period				0.00
c. Amount requested (Line a minus line b)				\$ 0.00

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL

DATE REQUEST
SUBMITTED

April 28, 2008

TYPED OR PRINTED NAME AND TITLE

ALBERTO A. LAMORENA V, DIRECTOR
Bureau of Statistics and Plans

TELEPHONE (AREA
CODE, NUMBER,
EXTENSION)

671-472-4201

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item

Entry

- 2 Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.
- 4 Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.
- 6 Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.
- 7 This space is reserved for an account number or other identifying number that may be assigned by the recipient.
- 8 Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.

Note: The Federal sponsoring agencies have the option of requiring recipients to complete Items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.

- 11 The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or

Item

Entry

- activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
- 11a Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
- 11b Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
- 11d Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
- 13 Complete the certification before submitting this request.

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. DEPARTMENT OF INTERIOR OFFICE OF INSULAR AFFAIRS / NOAA		2. Federal Grant or Other Identifying Number Assigned By Federal Agency CRI - GU - 08 2008 Coral Reef Initiative		OMB Approval No. 1121-0264 Expires: 01/31/2008		Page of 1 / 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932							
4. Employer Identification Number 98-0018947		5. Recipient Account Number or Identifying Number 5101H080930E1115		6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 09-01-07		To: (Month, Day, Year) 09-30-10		9. Period Covered by this Report From: (Month, Day, Year) 09/01/07		To: (Month, Day, Year) 03/31/08	
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				0	3 020	3 020	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				0	3 020	3 020	
d. Total unliquidated obligations						23 120	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						23 120	
g. Total Federal share (Sum of lines c and f)						26 140	
h. Total Federal funds authorized for this funding period						279 555	
i. Unobligated balance of Federal funds (Line h minus line g)						253 415	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans					Telephone (Area code, number and extension) 1- 671- 472 -4201		
Signature of Authorized Certifying Official 					Date Report Submitted APR 28 2008		

FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

OMB APPROVAL NO. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted

U.S. DEPARTMENT OF COMMERCE
NOAA/OCRM

2. RECIPIENT ORGANIZATION

Name: BUREAU OF STATISTICS AND PLANS

Number and Street: P.O. BOX 2950

City, State and ZIP Code: HAGATNA, GUAM 96932

4. Federal grant or other identification number

NA05NOS4261188

5. Recipient's account number or identifying number

5101E060930E1114

6. Letter of credit number

7. Last payment voucher number

Give total number for this period

8. Payment Vouchers credited to your account

9. Treasury checks received (whether or not deposited)

10. PERIOD COVERED BY THIS REPORT

3. FEDERAL EMPLOYER IDENTIFICATION NO.

98-0018947

FROM (month, day, year)

10/01/07

TO (month, day, year)

03/31/08

11. STATUS OF

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period

\$ 0.00

b. Letter of credit withdrawals

0.00

c. Treasury check payments

0.00

d. Total receipts (Sum of lines b and c)

0.00

e. Total cash available (Sum of lines a and d)

0.00

f. Gross disbursements

0.00

g. Federal share of program income

0.00

h. Net disbursements (Line f minus line g)

0.00

i. Adjustments of prior periods

0.00

j. Cash on hand end of period

\$ 0.00

12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

13. OTHER INFORMATION

a. Interest income

\$ 0.00

b. Advances to subgrantees or subcontractors

\$ 0.00

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

15.

CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

AUTHORIZED

CERTIFYING

OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

ALBERTO A. LAMORENA V, DIRECTOR
Bureau of Statistics and Plans

DATE REPORT SUBMITTED

04/28/2008

TELEPHONE (Area Code, Number, Extension)

671-472-4201

THIS SPACE FOR AGENCY USE


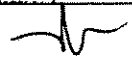
FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. DEPARTMENT OF COMMERCE NOAA/ OCRM		2. Federal Grant or Other Identifying Number Assigned By Federal Agency NA05NOS4261188 2005 Coral Reef Monitoring Grant		OMB Approval No. 1121-0264 Expires: 01/31/2006		Page of 1 / 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) <div style="display: flex; justify-content: space-between;"> <div> BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 </div> <div> SEMI-ANNUAL REPORT </div> </div>							
4. Employer Identification Number 98-0018947		5. Recipient Account Number or Identifying Number 5101E060930E114		6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10-01-05		To: (Month, Day, Year) 03-31-08		9. Period Covered by this Report From: (Month, Day, Year) 10/01/07		To: (Month, Day, Year) 03/31/08	
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				0	0	0	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				0	0	0	
d. Total unliquidated obligations						99 857	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						99 857	
g. Total Federal share (Sum of lines e and f)						99 857	
h. Total Federal funds authorized for this funding period						99 857	
i. Unobligated balance of Federal funds (Line h minus line g)						0	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans					Telephone (Area code, number and extension) 1- 671- 472 -4201		
Signature of Authorized Certifying Official 					Date Report Submitted APR 28 2008		


FEDERAL CASH TRANSACTIONS REPORT		OMB APPROVAL NO. 0348-0003																					
<i>(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)</i>		1. Federal sponsoring agency and organizational element to which this report is submitted U.S. DEPARTMENT OF COMMERCE NOAA/OCRM																					
2. RECIPIENT ORGANIZATION Name: BUREAU OF STATISTICS AND PLANS Number and Street: P.O. BOX 2950 City, State and ZIP Code: HAGATNA, GUAM 96932		4. Federal grant or other identification number NA06NOS4260114	5. Recipient's account number or identifying number 5101H070930E114																				
		6. Letter of credit number	7. Last payment voucher number																				
<i>Give total number for this period</i>																							
		8. Payment Vouchers credited to your account	9. Treasury checks received (whether or not deposited)																				
10. PERIOD COVERED BY THIS REPORT																							
3. FEDERAL EMPLOYER IDENTIFICATION NO. 98-0018947		FROM (month, day, year) 10/01/07	TO (month, day, year) 03/31/08																				
11. STATUS OF FEDERAL CASH <i>(See specific instructions on the back)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">a. Cash on hand beginning of reporting period</td> <td style="width: 30%; text-align: right; padding: 5px;">\$ -595.94</td> </tr> <tr> <td style="padding: 5px;">b. Letter of credit withdrawals</td> <td style="text-align: right; padding: 5px;">13,483.44</td> </tr> <tr> <td style="padding: 5px;">c. Treasury check payments</td> <td style="text-align: right; padding: 5px;">0.00</td> </tr> <tr> <td style="padding: 5px;">d. Total receipts (Sum of lines b and c)</td> <td style="text-align: right; padding: 5px;">13,483.44</td> </tr> <tr> <td style="padding: 5px;">e. Total cash available (Sum of lines a and d)</td> <td style="text-align: right; padding: 5px;">12,887.50</td> </tr> <tr> <td style="padding: 5px;">f. Gross disbursements</td> <td style="text-align: right; padding: 5px;">12,887.50</td> </tr> <tr> <td style="padding: 5px;">g. Federal share of program income</td> <td style="text-align: right; padding: 5px;">0.00</td> </tr> <tr> <td style="padding: 5px;">h. Net disbursements (Line f minus line g)</td> <td style="text-align: right; padding: 5px;">12,887.50</td> </tr> <tr> <td style="padding: 5px;">i. Adjustments of prior periods</td> <td style="text-align: right; padding: 5px;">0.00</td> </tr> <tr> <td style="padding: 5px;">j. Cash on hand end of period</td> <td style="text-align: right; padding: 5px;">\$ 0.00</td> </tr> </table>			a. Cash on hand beginning of reporting period	\$ -595.94	b. Letter of credit withdrawals	13,483.44	c. Treasury check payments	0.00	d. Total receipts (Sum of lines b and c)	13,483.44	e. Total cash available (Sum of lines a and d)	12,887.50	f. Gross disbursements	12,887.50	g. Federal share of program income	0.00	h. Net disbursements (Line f minus line g)	12,887.50	i. Adjustments of prior periods	0.00	j. Cash on hand end of period	\$ 0.00
a. Cash on hand beginning of reporting period	\$ -595.94																						
b. Letter of credit withdrawals	13,483.44																						
c. Treasury check payments	0.00																						
d. Total receipts (Sum of lines b and c)	13,483.44																						
e. Total cash available (Sum of lines a and d)	12,887.50																						
f. Gross disbursements	12,887.50																						
g. Federal share of program income	0.00																						
h. Net disbursements (Line f minus line g)	12,887.50																						
i. Adjustments of prior periods	0.00																						
j. Cash on hand end of period	\$ 0.00																						
12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING Days	13. OTHER INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">a. Interest income</td> <td style="width: 30%; text-align: right; padding: 5px;">\$ 0.00</td> </tr> <tr> <td style="padding: 5px;">b. Advances to subgrantees or subcontractors</td> <td style="text-align: right; padding: 5px;">\$ 0.00</td> </tr> </table>			a. Interest income	\$ 0.00	b. Advances to subgrantees or subcontractors	\$ 0.00																
a. Interest income	\$ 0.00																						
b. Advances to subgrantees or subcontractors	\$ 0.00																						
14. REMARKS <i>(Attach additional sheets of plain paper, if more space is required)</i>																							

15. CERTIFICATION			
I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.	AUTHORIZED	SIGNATURE 	DATE REPORT SUBMITTED 04/28/2008
	CERTIFYING OFFICIAL	TYPED OR PRINTED NAME AND TITLE ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans	TELEPHONE (Area Code, Number, Extension) 671-472-4201
THIS SPACE FOR AGENCY USE 			

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. DEPARTMENT OF COMMERCE NOAA/ OCRM	2. Federal Grant or Other Identifying Number Assigned By Federal Agency NA06NOS4260114 2006 Coral Reef Monitoring Grant	OMB Approval No. 1121-0264 Expires: 01/31/2006	Page of 1 / 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) <div style="display: flex; justify-content: space-between;"> <div> BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 </div> <div> SEMI-ANNUAL REPORT </div> </div>				
4. Employer Identification Number 98-0018947	5. Recipient Account Number or Identifying Number 5101H070930E114	6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10-01-06	To: (Month, Day, Year) 03-31-08	9. Period Covered by this Report From: (Month, Day, Year) 10/01/07 To: (Month, Day, Year) 03/31/08		
10. Transactions:		I Previously Reported	II This Period	III Cumulative
a. Total outlays		596	12 887	13 483
b. Recipient share of outlays		0	0	0
c. Federal share of outlays		596	12 887	13 483
d. Total unliquidated obligations				87 112
e. Recipient share of unliquidated obligations				0
f. Federal share of unliquidated obligations				87 112
g. Total Federal share (Sum of lines c and f)				100 595
h. Total Federal funds authorized for this funding period				128 095
i. Unobligated balance of Federal funds (Line h minus line g)				27 500
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.				
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.				
Typed or Printed Name and Title ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans			Telephone (Area code, number and extension) 1- 671- 472 -4201	
Signature of Authorized Certifying Official 			Date Report Submitted APR 28 2008	

FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

OMB APPROVAL NO. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted

U.S. DEPARTMENT OF COMMERCE
NOAA/OCRM**2. RECIPIENT ORGANIZATION**

Name: BUREAU OF STATISTICS AND PLANS

Number and Street: P.O. BOX 2950

City, State and ZIP Code: HAGATNA, GUAM 96932

4. Federal grant or other identification number

NA07NOS4260060

5. Recipient's account number or identifying number

5101H080930E114

6. Letter of credit number

7. Last payment voucher number

Give total number for this period

8. Payment Vouchers credited to your account

9. Treasury checks received (whether or not deposited)

3. FEDERAL EMPLOYER

IDENTIFICATION NO. 98-0018947

10. PERIOD COVERED BY THIS REPORT

FROM (month, day, year)

10/01/07

TO (month, day, year)

03/31/08

11. STATUS OF

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period

\$ 0.00

b. Letter of credit withdrawals

9,406.05

c. Treasury check payments

0.00

d. Total receipts (Sum of lines b and c)

9,406.05

e. Total cash available (Sum of lines a and d)

9,406.05

f. Gross disbursements

11,287.26

g. Federal share of program income

0.00

h. Net disbursements (Line f minus line g)

11,287.26

i. Adjustments of prior periods

0.00

j. Cash on hand end of period

\$ -1,881.21

12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

13. OTHER INFORMATION

a. Interest income

\$ 0.00

b. Advances to subgrantees or subcontractors

\$ 0.00

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

15.

CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

AUTHORIZED

CERTIFYING

OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

ALBERTO A. LAMORENA V, DIRECTOR
Bureau of Statistics and Plans

DATE REPORT SUBMITTED

04/28/2008

TELEPHONE (Area Code, Number, Extension)

671-472-4201

THIS SPACE FOR AGENCY USE

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. DEPARTMENT OF COMMERCE NOAA/ OCRM		2. Federal Grant or Other Identifying Number Assigned By Federal Agency NA07NOS4260060 2007 Coral Reef Monitoring Grant		OMB Approval No. 1121-0264 Expires: 01/31/2006		Page of 1 / 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) <div style="display: flex; justify-content: space-between;"> <div> BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 </div> <div style="text-align: right;"> SEMI-ANNUAL REPORT </div> </div>						
4. Employer Identification Number 98-0018947		5. Recipient Account Number or Identifying Number 5101H070930E114		6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10-01-07		To: (Month, Day, Year) 09-30-10		9. Period Covered by this Report From: (Month, Day, Year) 10/01/07		To: (Month, Day, Year) 03/31/08
10. Transactions:				I Previously Reported	II This Period	III Cumulative
a. Total outlays				0	11 287	11 287
b. Recipient share of outlays				0	0	0
c. Federal share of outlays				0	11 287	11 287
d. Total unliquidated obligations						0
e. Recipient share of unliquidated obligations						0
f. Federal share of unliquidated obligations						0
g. Total Federal share (Sum of lines c and f)						11 287
h. Total Federal funds authorized for this funding period						130 000
i. Unobligated balance of Federal funds (Line h minus line g)						118 713
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed				
b. Rate		c. Base		d. Total Amount		e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.						
Typed or Printed Name and Title ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans					Telephone (Area code, number and extension) 1- 671- 472 -4201	
Signature of Authorized Certifying Official 					Date Report Submitted APR 28 2008	